He relates a case of violent puerperal mania in which, after quieting the patient with chloroform, he gave nutrient injections, to which he added bromide potassium one drachm, and half a drachm of chloral, with the best effects.

Dr. G. says that he has since used the chloral in half drachm doses, with a lady suffering the agonies of gall-stones, and in whom the stomach was so constantly irritable that no medicine could be retained; chloroform inhalation to narcotism, morphia by subcutaneous injection, and every conceivable remedy, had been tried to allay pain, and procure rest and sleep, but had all failed. In ten to fifteen minutes after the rectal injection of chloral, pain was assuaged, and in half an hour sleep was procured. I have in this manner also used it when menstrual pain and sickness could perhaps have been relieved in no other way; also in cases of uterine and ovarian irritation, where pain, such as we have in those affections, varied from the mildest to the severest states. In irritable rectum, also, I have found it most efficacious, and have just commenced to use it as a vaginal suppository. In uterine, ovarian, and rectal cases, it is an especially valuable agent, inasmuch as it is brought into immediate contact with the affected nerves, and acts upon them directly, deadening any hyperæsthetic conditions, and relieving pain.

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13. *Sulphate of Chinchonidia.*—The British Government having ordered that the therapeutic value of this drug should be tried, Surgeon-Major GEORGE Y. HUNTER reports (*Lancet*, May 15, 1875) the results of his trials with it in the hospitals of the House of Correction and the County Gaol of Bombay. "The drug," he states, "was employed internally (*per viam naturalem*) for malarious fever, in doses of from five to ten grains, as well as hypodermically in a solution containing the following proportions: Sulphate of chinchonidia, five grains; dilute sulphuric acid, five minims; water, ten minims.

"From September, 1874, to February, 1875—a period of nearly six months, the term fixed upon for the experiment—I treated fifty-five cases of fever, chiefly intermittent of a mild form, due to sudden changes of weather, exposure to cold, privation, etc., or to indiscretions in diet. In the majority of these cases three days (equivalent to a consumption of ninety grains of the alkaloid at ten grains thrice daily) sufficed to effect a cure, or, perhaps I ought more correctly to say, to see an end of the slight attack. In some instances of a severer type (in men who came from malarious districts, for example) the chinchonidia completely failed to check the fever, and quinia had to be resorted to. In one bad case of remittent fever, which I regret to say ended fatally, chinchonidia was tried for two days, and discontinued on account of its proving ineffectual, thus strengthening my impression that it is worse than useless to depend upon this drug in severe fever set up by the poison of malaria. In a few cases its subcutaneous injection appeared to be of service, and I observed that no troublesome inflammation at the point of insertion followed its use.

"I may mention that in nearly every case in which chinchonidia was administered, headache, almost amounting to semi-congestion of the brain, resulted, which accords with the experience of some who tested the therapeutic value of this alkaloid on a former occasion. To obviate the symptom just alluded to, it was the practice in my hospitals to combine one grain of opium with ten of the chinchonidia. Sickness of stomach was also a frequent symptom, more often than it was noticed from quinia, which latter is undoubtedly a cholagogue, whereas one of the effects of chinchonidia is to lock up the secretions.

"I am of opinion that in some cases of a mild form of fever, for which ninety grains of chinchonidia were given, two or three grains of quinia twice or thrice daily for the same time would have stopped the fever. Perhaps it would be a fair representation of the case to say that ten grains of chinchonidia would be required to produce the same effect as three grains of quinia given in mild cases, and even then I am not sure that it would not be necessary to continue the treatment by the former longer.

"I think the drug for its therapeutic value might be classed with quinoidia, liquor quiniæ amorph., chirettine, bebeerine, etc., and their effects as antiperiodics is doubtful. Certainly chinchonidia cannot be ranked as an antiperiodic with quinia, and is not a specific for fever in the sense that remedy is. It may be of service as a good tonic after fever has been controlled by means of quinia, and perhaps prevent relapses; it might also answer as a prophylactic to those living in, or travelling through, malarious districts; but I would never rely upon it in bad cases of malarious fever, although probably it might suffice to check it in old feverish subjects, in whom the disease had been relighted up by transitions of temperature, or by some disorder of the general health."

The conclusion he arrives at is, that the sulphate of chinchonidia is greatly inferior in value to quinia, and has no advantage over it in an economic point of view.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

14. *On Post-paralytic Chorea.*—It is well known that choreal movements, in some cases of hemichorea, are replaced by hemiplegia; but it is not so well known that choreoid movements sometimes follow hemiplegia. There are to be found, in what we may call the hemiplegic region, all varieties of mobile disorders. There are curious mixtures of palsy and spasm, and the limb which the patient cannot use may often twist about to his great discomfort. For these over-movements thus localized, Dr. HUGHLINGS JACKSON has suggested the general name of Hemikinesis. In close relationship with hemiplegia is hemispasm—convulsion of one side. Not only does hemiplegia (temporary) follow this variety of hemikinesis, but not unfrequently convulsion attacks a patient partially hemiplegic, and begins in and affects first and most the parts paralyzed. In adult patients, hemiplegic from infancy, there are frequently over-movements of the paralyzed arm, and in less degree, of the leg; but Dr. Jackson has not seen movements like ordinary chorea in such persons. The movements lack the punctuation of chorea; they are not a succession of different movements, but a gliding of movements into one another. In some of these cases the patient is subject to convulsions as well, which, however, rarely begin deliberately in the side of the body most affected by the palsy and the over-movement. In some cases of tumour of the brain, as Todd and Tuckwell have pointed out, chorea-like movements result. Again, in some cases of "coarse disease," syphilitic, for example, of the surface of a cerebral hemisphere which has led to epileptic hemiplegia, there are, during recovery from that hemiplegia, various kinds of slight movements; the arm will often jerk fitfully, the thumb and index finger will move much as they do in paralysis agitans. In some cases the limb is still when the patient is not trying to move it; and yet, when he tries, there is tremor indistinguishable from that of disseminated sclerosis.

One advantage likely to result from the comparative study of the different kinds of movements of the hemiplegic region in relation to loss of movement in that region (hemiplegic), is that the needful empirical study of cases will be controlled by scientific method.

In an exceedingly valuable contribution to the *American Journal of the Medical Sciences*, October, 1874, Dr. Weir Mitchell calls attention to a disorder which he names post-paralytic chorea. . . . .

In one of his recent masterly lectures (*Le Progrès Médical*), CHARCOT relates three cases of post-hemiplegic chorea of Dr. Weir Mitchell. The first patient, M. R., aged fifty-one, had an apoplectic attack ten years ago, with loss of consciousness and vomiting; this was followed by complete right hemiplegia and ataxy of articulation. At the end of six months she was able to get about, and, as power of movement in the right leg returned, the right arm became affected with choreiform tremor, which has remained ever since. At the present time she has general right hemianæsthesia, exactly like that of hysteria. General sensibility is so diminished, that a large pin can be thrust deeply into the face, trunk, and limbs on the right side, without causing any sign of pain. Acuteness of vision is diminished in the right eye; smell is altogether lost on